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|--|------------------------|-----------------------------|--|---|
| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | | Docket Number (Optional) ROC920030105 US1 | |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Australia Commissioner for otherits, P. 080x (450). Augustinia, VA 22313-4450 [35 PR I. 3/6]), or describately transmitted via EFS-Web, on Moormbar 25, 2007. | In re Application of | | | |
| | Richard Dean Dettinger | | | |
| | Application Number | | | Filed |
| | 10/645,123 | | | August 21, 2003 |
| Signature /Randol W. Read, Reg. No. 43,876/ | For ANNOTATION OF Q | | | ERY COMPONENTS |
| Typed or printed name Randol W. Read | Art Unit 2164 | t Examiner Melissa M. Ch | | ojnacki |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner. | | | | |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 510 | | | | |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | | | |
| ☐ A check in the amount of the fee is enclosed. | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | | | |
| ☑ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 09-0465 / ROC920030105 US1. | | | | |
| A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | | | |
| I am the /Rand | | | ol W. Read, Reg. No. 43,876/ | |
| applicant/inventor. | | | Signature | |
| assignee of record of the entire interest. | | | Randol W. Read | |
| See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | Typed or printed name | |
| attorney or agent of record. | | | 713-623-4844 | |
| Registration number | | | Telephone number | |
| ☐ attorney or agent acting under 37 CFR 1.34. | | | | |
| Registration number if acting under 37 CFR 1.34. 43,876 | | November 26, 2007 | | |
| | | | | Date |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below." | | | | |
| | | | | |
| *Total of forms are submitted. | | | | |

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11. 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including aghering, preparies, and stamitting the completed application from the USPTO. This well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Collection (Language of the Collection of the USPTO. All the Collection of the USPTO. The Collection of the USPTO. The Collection of the USPTO. All the Collection of the USPTO. The USPTO. Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, all 1-500-PTO-9798 and sector official.